



STATE OF MAINE  
MAINE REVENUE SERVICES  
24 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0024

ADMINISTRATIVE & FINANCIAL  
SERVICE

REBECCA M. WYKE  
COMMISSIONER

John Elias Baldacci  
GOVERNOR

JEROME D. GERARD  
ACTING EXECUTIVE DIRECTOR

**APPLICATION FOR SALE/USE TAX EXEMPTION CERTIFICATE  
FOR AN INCORPORATED NONPROFIT EDUCATIONAL ORGANIZATION**

Name of Corporation \_\_\_\_\_  
Name of Educational Organization \_\_\_\_\_  
Physical Location \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The statute reads,** "Incorporated nonprofit education organizations which are receiving, or have received, funding from the Department of Education, and which provides educational programs specifically designed for teaching young people how to make decisions about drugs, alcohol and interpersonal relationships at a residential camp setting."

**Is the educational organization incorporated? Yes \_\_\_ No \_\_\_**

**Send a copy of the articles of incorporation**

**Has the educational organization received 501(c) nonprofit status from the IRS? Yes \_\_\_ No \_\_\_**

**Send a copy of the IRS determination letter indicating 501(c) nonprofit status**

IN ORDER TO PROCESS THE APPLICATION THE FOLLOWING **MUST** BE INCLUDED

1. Copy of the Articles of Incorporation, as well as a copy of the Constitution and/or By-law
2. Copy of the IRS determination letter indicating 501(c) nonprofit status
3. Proof of funding from the Department of Education

I hereby certify that \_\_\_\_\_ is an incorporated nonprofit educational organization. I therefore request that a sales/use tax exemption certificate be issued to the above organization pursuant to Title 36 MRSA 1760 (59).

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Tel: \_\_\_\_\_

Print Name: \_\_\_\_\_

Fed ID: \_\_\_\_\_

Title: \_\_\_\_\_

Date Facility Opened: \_\_\_\_\_

ST-R-04

